



U.S. EMBASSY PRISTINA UNIVERSITY SUPPORT PROGRAM APPLICATION FORMAT

Carefully read the instructions supplied with this document.

Please note: Applications that do not adhere to the guidelines and instructions provided will not be reviewed.

1. GENERAL INFORMATION:

1.1. Applicant Organization

a. Organization (English):

b. Organization (Original):

c. Address:

d. City/Town:

e. District:

f. Website:

g. Tax Code:

1.2. Organization leader

a. Last Name:

b. First Name:

c. Title:

c. Tel:

d. Mob:

e. Fax:

f. E-mail:

2. BACKGROUND OF ORGANIZATION:

2.1. Description

2.2. Past Grants (U.S. Embassy)

Previous

2.3. Past Grants (Other)

Previous

3. PROJECT DESCRIPTION:

3.1. Project information

a. Project Name:

b. Duration (months): c. Start date (mm/dd/yyyy): d. End date (mm/dd/yyyy):

3.2. Executive summary:

3.3. Project Justification:

3.4. Project Goal and Objectives

3.5. Project Activities

3.6. Monitoring and evaluation

3.7. Key Personnel

3.8. Project Partners

3.9. Strengths and Innovation

3.10. Sustainability

4. BUDGET:

4.1. Budget Summary

Category	Description/details	Requested
Personnel		\$0.00
Fringe Benefits		\$0.00
Travel		\$0.00
Equipment		\$0.00
Supplies		\$0.00
Contractual		\$0.00
Other Direct Costs		\$0.00
Indirect Costs		\$0.00
Total Requested:		\$0.00
Contributions		\$0.00
Project Total		\$0.00

Note: Please submit a detailed budget in a spreadsheet format

4.2 Budget narrative

4.3 Miscellaneous

5. Certification:

By signing this application, I certify that the statements contained in this form are true, complete and accurate to the best of my knowledge.

I am aware that any false statements or claims may disqualify my organization from receiving this and any future awards.

☐ I agree

By marking the checkbox below I certify that I have read and understood the instructions provided with this form before filling out this document

☐ I have read the instructions provided with this form

Signature of Authorized Representative:

Date Signed: